

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042501

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5655

FILED NOV 16 1962

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

10 mo.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

ST. LUKES HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

JACKSON

admission)

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3204 EAST 60th ST.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

EDWARD William BRAUN

4. DATE OF DEATH

Month

Day

Year

November 6 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-26-1883

## 9. AGE (last birthday)

79

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Printer

## 10b. KIND OF BUSINESS OR INDUSTRY

KANSAS CITY STAR

## 11. BIRTHPLACE (City and state or country)

LEAVENWORTH KANSAS

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Michael BRAUN

## 13b. MOTHER'S MAIDEN NAME

Emelie Leibinow

## 14. NAME OF HUSBAND OR WIFE

Josephine BRAUN

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

MRS JOSEPHINE BRAUN 3204 E. 60th ST.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardiac failure

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Myocardial infarct

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cancer of prostate - metastasis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-14-55 to 11-6-62 and last saw her alive on 11-6-62

Death occurred at \_\_\_\_\_ m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Stoughton F. Whitcomb MD

## 22b. ADDRESS

## 22c. DATE SIGNED

11-7-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

11-8-1962

## 23c. NAME OF CEMETERY OR CREMATORY

FOREST HILL

## 23d. LOCATION (City, town, or county)

KANSAS CITY, MISSOURI

(State)

## 24. FUNERAL DIRECTOR

Muehlebach

## ADDRESS

6800 Troost

## 25. DATE RECD. BY LOCAL REG.

11-8-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Stoughton H. Whitcomb

Dr Stroughton White

4320 DORNAH

Lo-1-7612

After 2:00 P.M. Wed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Robert J. Sanders*

Licensed Embalmer No. 5103

P. O. Address KC, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.